

CERTIFICATE OF SERVICE

I, Gini L. Downing (name), certify that service of this summons and a copy of the complaint was made February 4, 2022 (date) by:

☒ Mail service: Regular, first class United States mail, postage fully pre-paid, addressed to:

George P. Apostolides
Saul Ewing Arnstein & Lehr LLP
161 North Clark, Suite 4200
Chicago, IL 60601

Michael Dougherty, Director of Credit
Bausch Health US LLC
400 Sommerset Corporate Blvd.
Bridgewater, NJ 08807

Bausch Health US LLC
Attn: Stephanie Reid
One Enterprise
Aliso Viejo, CA 92656

☒ Certified Mail Service: By sending the process by certified mail addressed to the following entities/officers/registered agents of the defendant at:

Bausch Health US, LLC
Attn: Joseph C. Papa, CEO &
Christina M. Ackermann, General Counsel
400 Somerset Corporate Blvd
Bridgewater, NJ 08807

United Agent Group Inc.,
R/A for Bausch Health US, LLC
3411 Silverside Road
Tatnall Building #104
Wilmington, DE 19810

I further certify that I am, and at all times during the service of process was, not less than 18 years of age and not a party to the matter concerning which service of process was made.

Under penalty of perjury, I declare that the foregoing is true and correct.

Date February 4, 2022 Signature /s/ Gini L. Downing

Print Name: Gini L. Downing
Pachulski Stang Ziehl & Jones LLP
10100 Santa Monica Blvd.
13th Floor
Business Address: Los Angeles, CA 90067

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>	<p>A. Signature <div style="display: flex; align-items: center;"> X <div style="margin-left: 20px;"> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee </div> </div> </p> <div style="display: flex; border-top: 1px solid black; padding-top: 5px;"> <div style="flex: 1; border-right: 1px solid black; padding-right: 5px;">B. Received by (Printed Name)</div> <div style="flex: 1; padding-left: 5px;">C. Date of Delivery</div> </div>
<p>1. Article Addressed to:</p> <p>United Agent Group Inc., R/A for Bausch Health US, LLC 3411 Silverside Road Tatnall Building #104 Wilmington, DE 19810</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<div style="text-align: center;"> 9590 9402 3367 7227 2946 26 </div>	<p>3. Service Type</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) </div> <div style="width: 35%;"> <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery </div> </div>
<p>2. Article Number (Transfer from service label)</p> <p>7017 2400 0000 3936 9689</p>	
<div style="display: flex; justify-content: space-between;"> PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt </div>	